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To: Commissioner of Patents	From: Gregory Flickinger
Fax: 571-273-8300	Pages: 27 (inc. cover)
Phone:	Date: May 30, 2006
Re: Serial No. 09/740,568	CC:

Dear Sir,

Please find herewith the following pertaining to Application Serial No. 09/740,568:

1. Amendment Transmittal Sheet
2. Amendment/Remarks.
3. Credit Card Payment Authorization

Respectfully,

Gregory Flickinger

Reg. No. 45,271

MAY 30 2006

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/740,568
	Filing Date	Dec 18, 2000
	First Named Inventor	DeWolf
	Art Unit	3624
	Examiner Name	Jagdish Patel
Total Number of Pages in This Submission	Attorney Docket Number	T900-10

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Extension of time for reply request (1st month) Credit Card Payment Form		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature	<i>Gregory Flickinger</i>	
Printed name	Gregory Flickinger	
Date	<i>May 30, 2006</i>	Reg. No. 45,271

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Typed or printed name	Gregory Flickinger	Date <i>May 30, 2006</i>

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